

Name
in
Full

CERTIFICATE OF DEATH

Maurice H Burdett

Town

County

Died at

Long corner

Howard

MARYLAND

Date

of death 1906

Month

2

Day

22

Years

31

Months

X

Days

X

Sex

Male

Color or
Race

White

Birth-
place

Howard Co.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Emma Burdett.

Father's
Name

Allen Burdett

Father's
Birthplace

Mont Co.

Mother's
Maiden Name

Lucretia Lewis

Mother's
Birthplace

Howard Co.

Name of person giving
In formation

Oliver W Driver

How related
to deceased

CAUSES OF DEATH

41

Primary

Cancer of Bowels

How long

3 years

Immediate

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

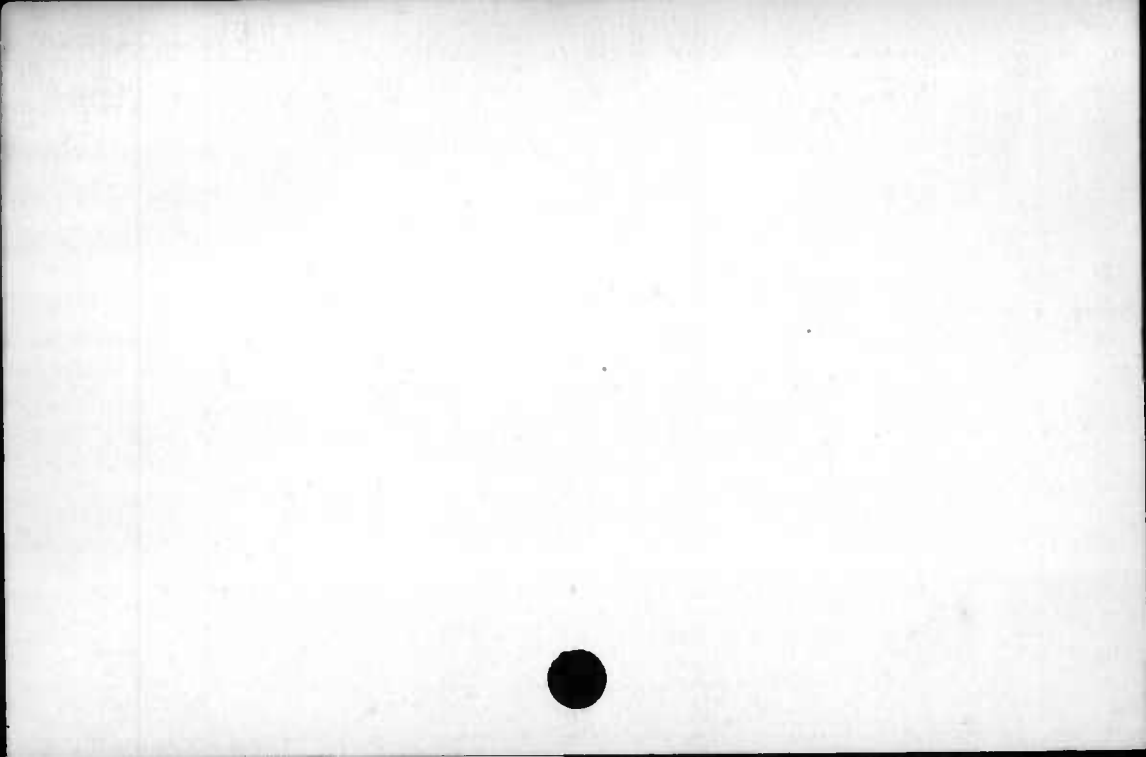
(B W Bouman)

(Undertaker)

Accident or Suicide?

J. C. Shriver M.D.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Gerhard Butke				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Collicott City		County Howard		MARYLAND			
		Date of death 190		6	Month Feb.	Day 23	Age	Years 62	Months —	Days —	
		Sex		Male		Color or Race		White		Birth-place Germany.	
		Married, Single or Widowed		Married		Occupation		Merchant.			
		Name of Wife or Husband		Elizabeth Butke							
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace					
		Mother's Maiden Name				Mother's Birthplace					
		Name of person giving information				Elizabeth Butke					
						How related to deceased Wife					
		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Chronic Gastritis				How long 10 days			
				Lobar Pneumonia				4 days			
				Asthenia				How long —			
		Are the name, age, sex, color, date and place correctly given above?		yes,		Signature of Physician		J. J. Brown, Jr.			
						Address		Collicott City, Md.			
		Accident or Suicide?									



Name
in
Full

Franklin Y. Davis

CERTIFICATE OF DEATH

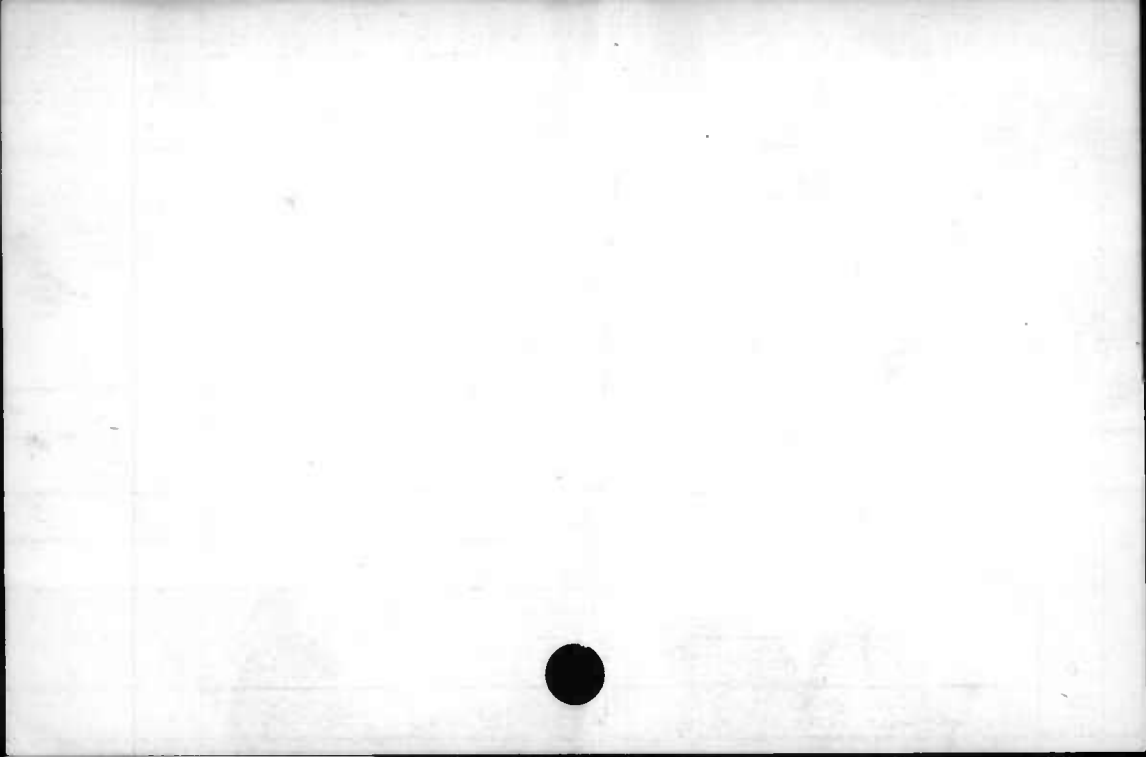
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>alpha</i> ^{Town}			<i>Howard</i> ^{County}			MARYLAND		
Date of death 1906	<i>Feb</i> ^{Month}	<i>3rd</i> ^{Day}	Age	<i>37</i> ^{Years}	<i>3</i> ^{Months}	<i>17</i> ^{Days}		
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed				Occupation <i>pauper</i>				
Name of Wife or Husband								
Father's Name <i>Sarie Davis</i>				Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Julia Cook</i>				Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Charles C. Davis</i>				How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>30 odd years</i>
Immediate	<i>convulsion</i>	How long	<i>about 10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Benj. F. Shipley M.D.</i>	
		Address <i>alpha</i>	
		<i>Howard Co</i>	
		<i>Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Ann Dorsey</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Died at <i>near Ellicott City</i>		Date of death <i>1906 Feb. 19</i>		Age <i>70</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>James E. Dorsey</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James E. Dorsey</i>					
Father's Name <i>William Dixon</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Rebecca Stallings</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>James E. Dorsey</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>about 4 weeks</i>
Immediate <i>Uremia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John F. Mangue</i>
	Address <i>Ellicott City, Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Theophilus J. Dorsey

CERTIFICATE OF DEATH

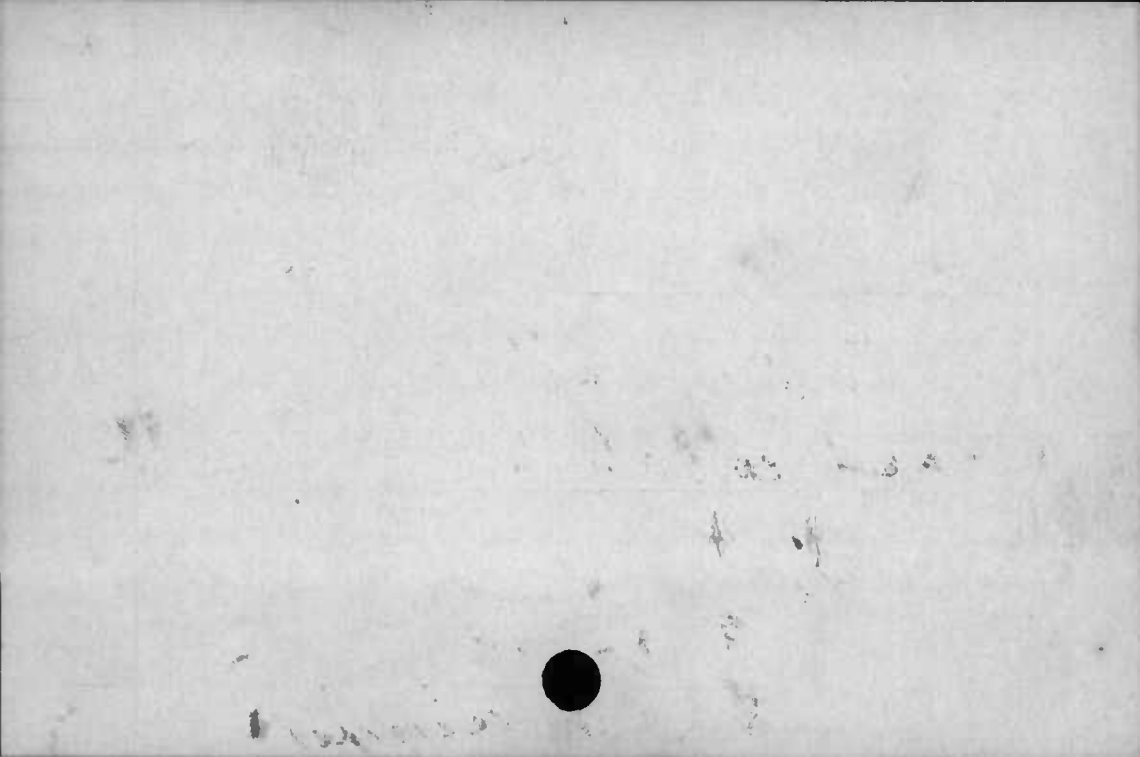
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Elisoak</i>		County <i>Howard</i>		MARYLAND	
Date of death	1906	Month <i>Feb.</i>	Day <i>14</i>	Age <i>69</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Retired</i>			Where Residing if not at place of death		<i>—</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>—</i>		
Father's Name	<i>Michael S. Dorsey</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Eliza Jones</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>James T. Clark</i>				How related to deceased	<i>Brother-in-law</i>	

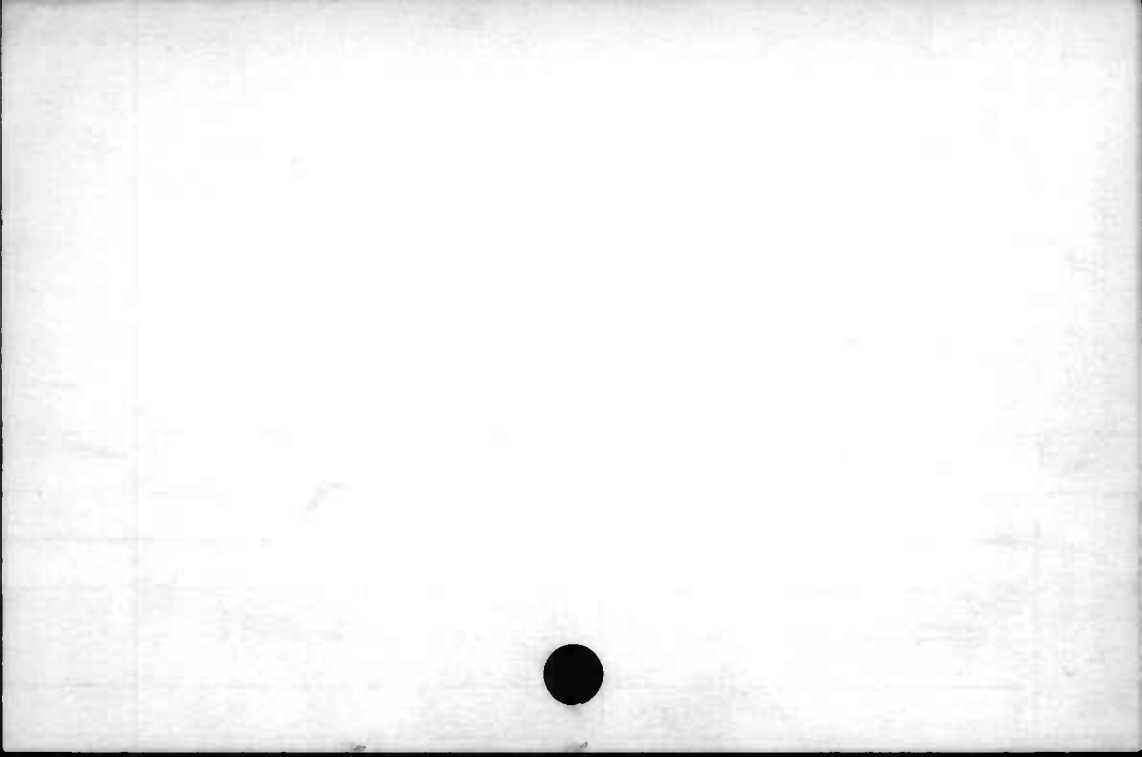
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Varicella of Liver</i>		How long	<i>One month</i>
Immediate			How long	<i>To my knowledge</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>W. M. B. Hooper M.D.</i>
			Address	<i>Wheat City Md</i>
Accident or Suicide?	<i>—</i>			



Name in Full		George Hammond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Doughan Manor Howard Co.				MARYLAND	
	Date of death 190	6	Feb	25	Age	1	Months 2 Days
	Sex	boy		Color or Race	color		Birth-place
	Married, Single or Widowed	Single		Doughan Manor			
	Name of Wife or Husband	Lizzie Hammond					
	Father's Name	William Hammond				Father's Birthplace	Foley Place
	Mother's Maiden Name	Lizzie Hopsey				Mother's Birthplace	Oakland
	Name of person giving information	Father				How related to deceased	Wife & Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	6 weeks
	Immediate	6 weeks				How long	6 weeks
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				Dr. W. H. Cobb Sr.		
	Address				West Friendship Howard Co. Maryland		
Accident or Suicide? —							



Name
in
Full

William H Hopkins

CERTIFICATE OF DEATH

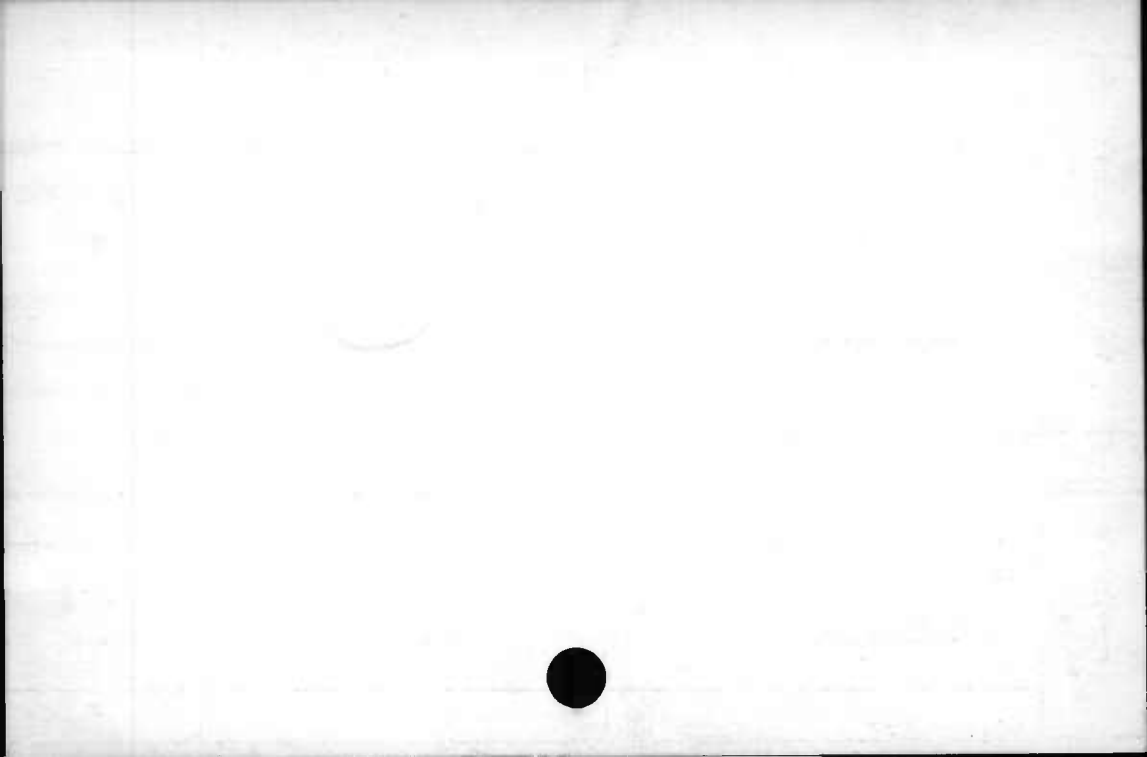
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death 1906	Month <i>Feb.</i>	Day <i>26</i>	Age <i>4</i>	Months <i>11</i>	Days —
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>William Hopkins</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Dorah Cooper</i>			Mother's Birthplace <i>P.A.</i>		
Name of person giving information <i>Dorah Cooper</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John F. Manger M.D.</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

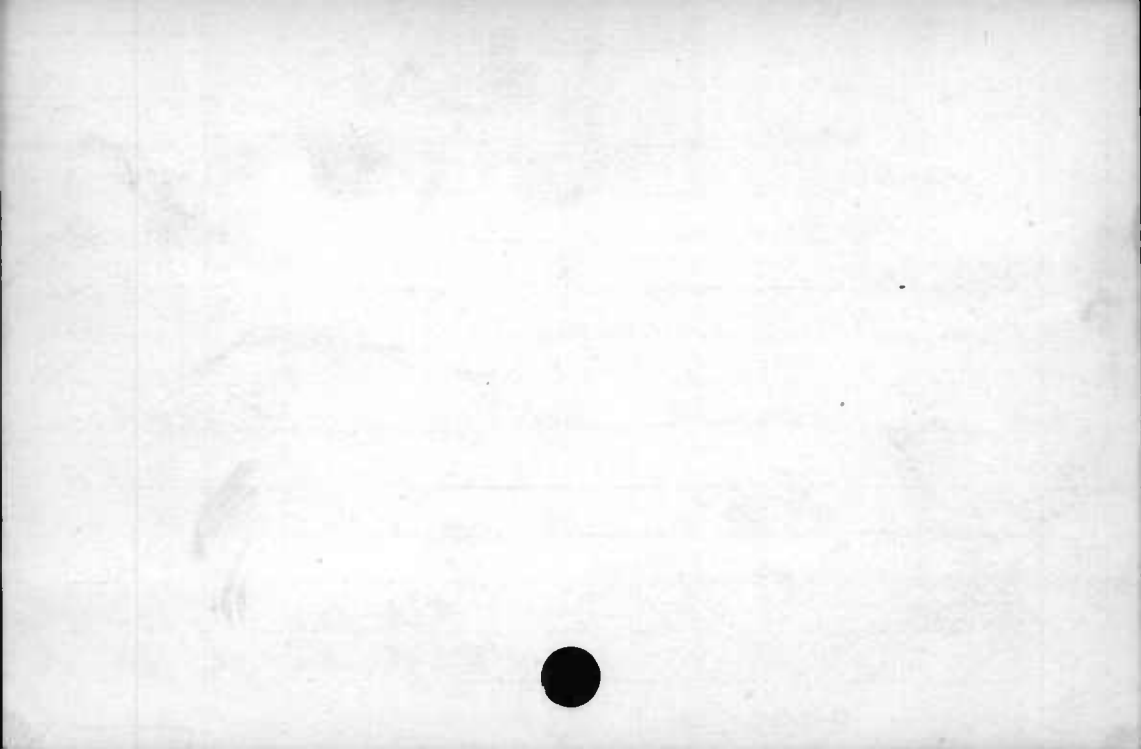
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorsey's Run</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2 hours.</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorsey's Run, Md</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. H. Johnson</i>				Father's Birthplace <i>Kentucky</i>			
Mother's Maiden Name <i>Luanna Spoonamore</i>				Mother's Birthplace <i>Kentucky</i>			
Name of person giving information <i>Wm. H. Johnson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth (7 months)</i>	How long	<i>(15)</i>
Immediate	<i>Asthenia</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. B. Gambrell</i>	
<i>J. M. St. Louis</i>		Address <i>Alberston, Maryland</i>	
Accident or Suicide? <i>No</i>		<i>Alberston, Md</i>	



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1906

Feb.

12

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

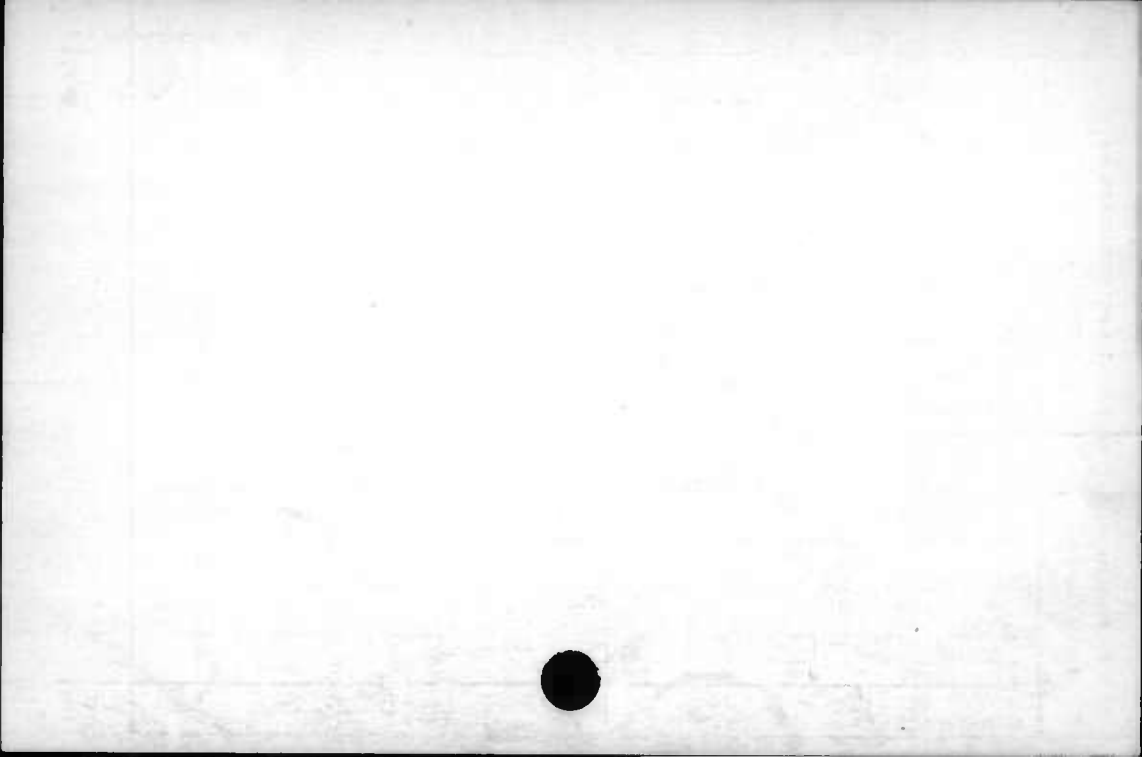
Address

Accident or Suicide?

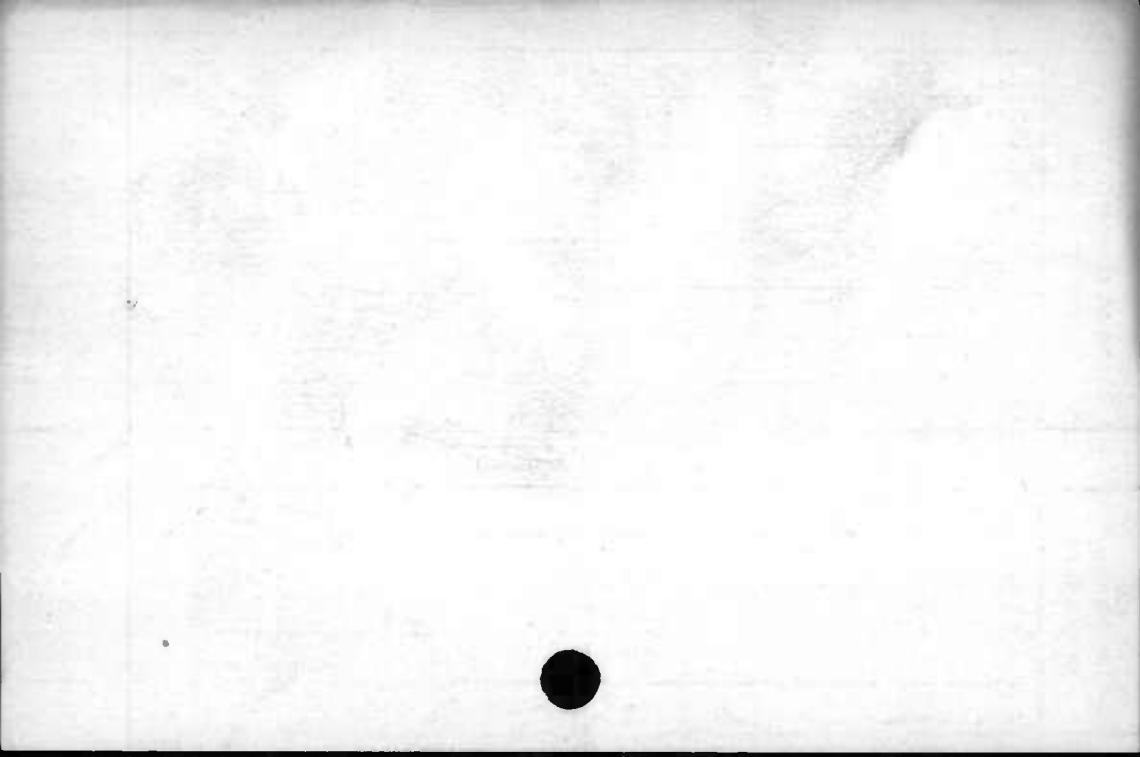
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		MARTHA J LISHER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Elk Ridge		Howard		MARYLAND	
	Date of death	1906	Feb	22	Age	76	
	Sex	Female		Color or Race	white		Birth-place
	Occupation	housekeeper		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Hos Lisher		Father's Birthplace			
	Mother's Maiden Name	Margaret Duval		Mother's Birthplace			
Name of person giving information	Mrs Wm Lainer		How related to deceased		niece		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Debility of age and acute capillary Bronchitis			How long	3 weeks	
	Immediate	same			How long	3 weeks	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician		
					Address		
					Elk Ridge Md		
Accident or Suicide?			no				



Name in Full		George Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	in first District		Howard		MARYLAND	
	Date of death	1906	Month Feb	Day 3	Years 82	Months	Days
	Sex	male		Color or Race	white		Birth-place
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Miller						
	Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Loenard Miller				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	accidental fall with fracture of skull				How long	died in two hours
	Immediate	Drown				How long	some
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				Arthur Williams		
	Address				Elk Ridge Md		
Accident or Suicide?				accident			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Byron Nichols

Died at near Dayton Town Howard County

Date of death 1906 Feb Month 20 Day Age — Years Months 8 Days —

Sex Male Color or Race White Birth-place md.

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

Father's Name T. S. A. Nichols Father's Birthplace md.

Mother's Maiden Name Anna James Mother's Birthplace md.

Name of person giving information — How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

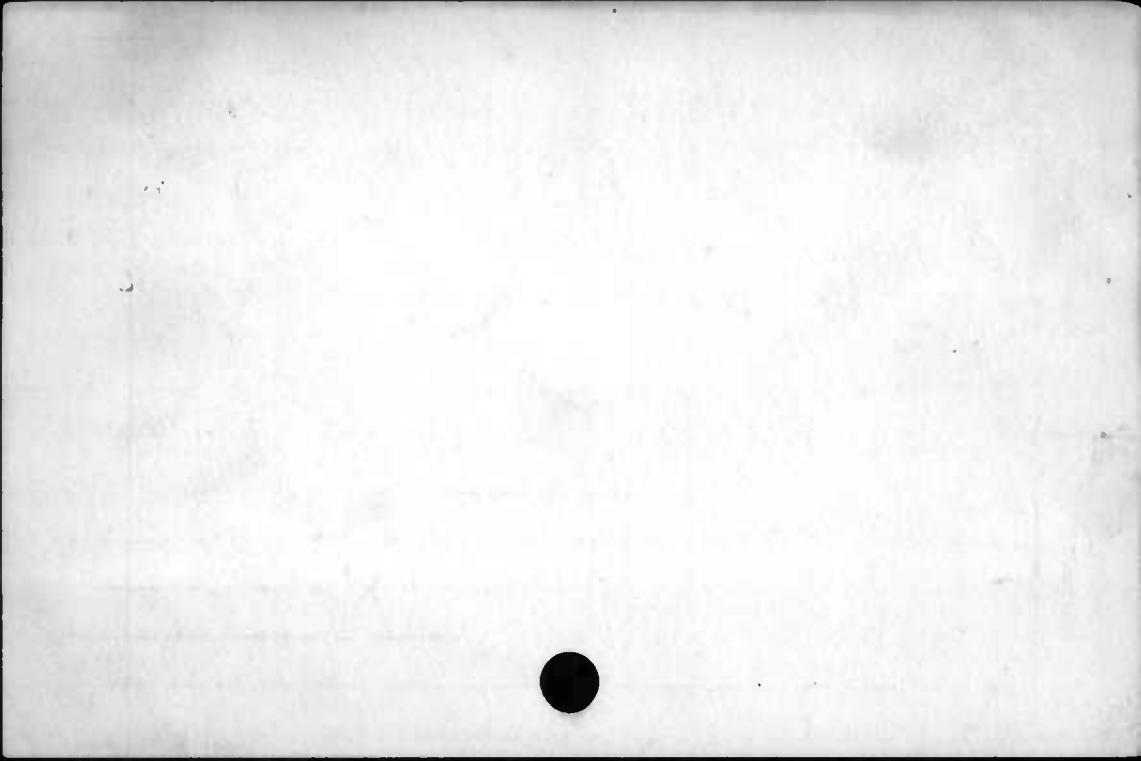
Primary Bronchitis Pneumonia How long 10 days

Immediate — How long —

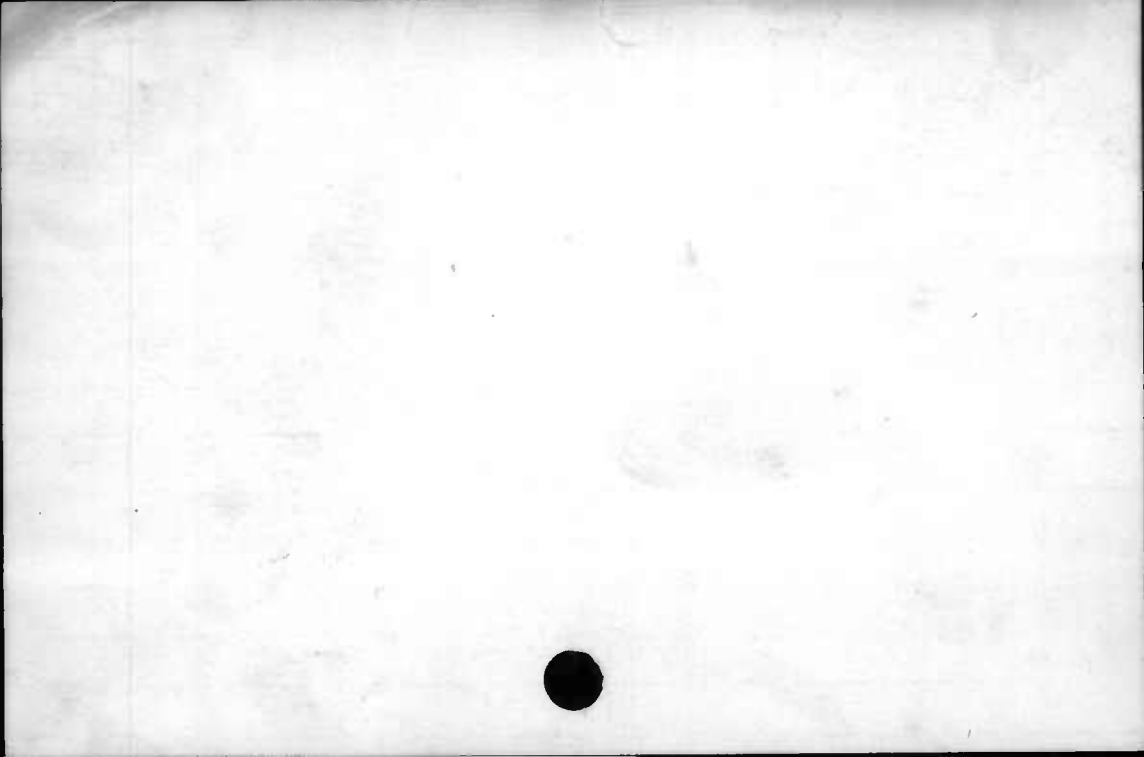
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician S. A. Nichols Address Dayton md

Accident or Suicide? Per Mrs. N.



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>his home</i>		in <i>Howard</i>		MARYLAND			
	Date of death	1906	Month	24	Day	23	Age	70
	Sex	Male		Color or Race	Negro		Birth-place	Md
	Occupation	Laborer		Where Residing if not at place of death		at home		
	Married, Single or Widowed	married		Name of Wife or Husband		Sarah Shorter		
	Father's Name						Father's Birthplace	
	Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Edward Jackson					How related to deceased	friend	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<i>Loco-motor Ataxia</i>				How long	25 years	
	Immediate	<i>Progressive Paralysis</i>				How long	1 yr	
	Are the name, age, sex, color, date and place correctly given above?				yes			
	Signature of Physician				<i>J. M. L. in th...</i>			
				Address			<i>Lavage Md</i>	
Accident or Suicide?				<i>no</i>				



Name
in
Full

Peter Swarden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ellicott City</u> ^{Town}		<u>Harrod</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Feb</u> ^{Month}	<u>9</u> ^{Day}	<u>about</u> ^{Years}	<u>68</u> ^{Age}	<u>—</u> ^{Months}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Betsy Swarden</u>				
Father's Name <u>Don't know</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Amos Smith</u>			How related to deceased <u>Brother in law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Interstitial Nephritis</u>	How long <u>Don't know</u>
Immediate <u>aschemia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. L. Conings</u>
	Address <u>Ellicott City, Md.</u>
Accident or Suicide? <u>—</u>	

Sam Smith

Name
in
Full

Laura V Thomas

CERTIFICATE OF DEATH

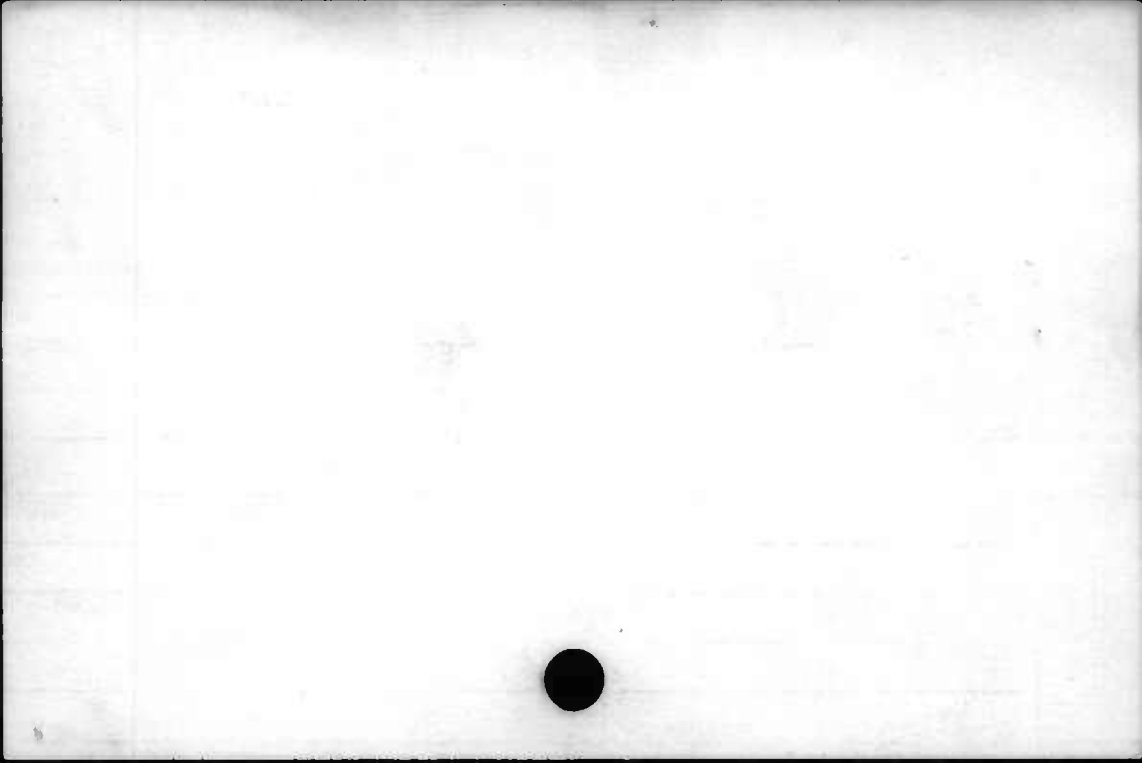
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>February</i>	Day <i>23rd</i>	Age <i>22 months</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ellicott City</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband					
Father's Name <i>Alux Carroll</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Blanch Therman</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>x alexander carroll</i>			How related to deceased <i>Parents</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John D. Manges Jr.</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name in Full		Richard Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	Days
	1906		2	20	Age 14		25
	Sex	Male		Color or Race	Colored		Birthplace
	Occupation		None		Where Residing if not at place of death		Howard Co.
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Wm Thomas				Father's Birthplace
Mother's Maiden Name		Elizabeth Thomas				Howard Co.	
Name of person giving information		Wm Thomas				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute-intestinal obstruction				How long
	Immediate		" " "				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician
							Address
	Accident or Suicide?						Wm Wirt Eichelberger S. Leonard Mo.

